

**COLUMBUS POLICE DEPARTMENT**  
**PRECISION DRIVING PROGRAM**  
**REGISTRATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email : \_\_\_\_\_

Birth date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Attention Parents/ Guardians**

**Participants under the age of 18 require parental/ guardian consent.**

Certified police officers instruct the Precision Driving Program. Our program is designed to provide young drivers with basic skills needed to minimize or avoid an accident. Drivers will receive both classroom instruction and practical driving experience concentrating on areas such as: Off Road Recovery/ Emergency Braking/ Weaving and Backing/ High Speed Evasive Steering.

Course charge is \$25/ per driver. Please contact Detective Chris Couch at 812-376-2628 or via email at [ccouch@columbus.in.gov](mailto:ccouch@columbus.in.gov) should you have questions. A limited amount of financial aid is available.

I, \_\_\_\_\_ (driver) wish to participate in the Precision Driving Program for teens. I agree to fully comply with all instructions given by the instructors during this training.

I, \_\_\_\_\_, am the parent/ legal guardian of the above driver. I am fully aware of the nature and details of this training and give my permission to allow the driver to participate.

Signature of Driver \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_

**Return this completed form, with payment, to Det. Chris Couch at the CPD.**

**123 Washington St. Columbus, IN 47201**